

State of California—Health and Welfare Agency

HAZARDOUS WASTE MANAGEMENT BRANCH

714-744 P Street
Sacramento, CA 95814

P.O.#5838-34462

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER

83410769

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

MAY CO.
3333 BRISTOL ST.
COSTA MESA, CA.

AREA CODE/PHONE NUMBER

VIRGIL
(714) 898-2521 X2676

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAX00 00 61713

TRANSPORTER NO 1

OMEGA CHEMICAL CORP.
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

VEH./CONTAINER NO.

EPA ID NUMBER

00042507

CAD042245001

EPA ID NUMBER

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

AREA CODE/PHONE NUMBER 213/698-0991

CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT NODISP
METHHAZARDOUS WASTE, LIQUID N.O.S -ORM-E
(R-11)

NA9189

1000

P

111 D M

211

01

COMPONENTS

CONC RANGE
UPPER LOWERUNITS
% PPMTrichloroethylene
oil
water

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR

10

19

84

Printed or typed full name and signature

Neg Madigan

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

10

19

84

Printed or typed full name and signature

Henry John J. Brown

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR

10

19

84

Printed or typed full name and signature

STEVE SIMPSON

CAD042245001

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN
BY TRANSPORTERTO BE FILLED
IN BY TSDF